

AMERICAN SOKOL ORGANIZATION

APPLICATION FOR MEMBERSHIP

SOKOL.....SOKOLICE.....

NAME Mr. Mrs. Miss.....

ADDRESS.....

CITY.....STATE.....ZIP NO.....

RES. PHONE.....BUS. PHONE.....MARRIED.....SINGLE.....

DATE OF BIRTH.....

City

State

Country

SPOUSE.....

CHILDREN.....

Give names and ages

APPLICANT'S OCCUPATION.....U.S. CITIZEN YES NO

MEMBERS OF OTHER CLUBS OR ORGANIZATIONS (List).....

SPONSORS.....

STATEMENT: I affirm that I am loyal to the government of the United States of America and that I am not a member or any subversive organization, if admitted to membership of the American Sokol Organization, I promise to be governed by the by-laws in all my activities on behalf of said organization.

Date.....Signature of Applicant.....

Please, print this form, fill it out and mail it together with a check made payable to **Sokol Washington** in the amount of \$29 (yearly membership fee) to Br. Tibor Bartalos, 1001 3rd Street, S.W., # 705, Washington, D.C., 20024. Once you attend a meeting, you will be sworn in.